

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1/1/89

**OIL CONSERVATION DIVISION**

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

2040 Pacheco St.  
Santa Fe, NM 87505

DISTRICT II  
P.O. Drawer DD, Artesia, NM 38210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.  
**30-025-03455**

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  
(FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name

State A

1. Type of Well:

OIL  
WELL ☐

GAS  
WELL ☒

OTHER

2. Name of Operator

**Citation Oil & Gas Corp.**

8. Well No.

**1**

3. Address of Operator

**8223 Willow Place South, Suite 250, Houston, Texas 77070-5623**

9. Pool name or Wildcat

**Eumont Yates 7 Rivers Queen**

4. Well Location

Unit Letter **H** : **1980** Feet From The **North** Line and **660** Feet From The **East** Line

Section **12** Township **21** Range **35e** NMPM **Lea** County

10. Elevation (Show whether DF, RKB, RT, GR, etc)

**3585 DF**

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: **Plug back & re-perf in same zone** ☒

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

**Citation plans to plug back the Queens open hole and reperforate the Yates-Seven Rivers formation. Procedures attached.**

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

*Sharon Ward*

TITLE

**Regulatory Administrator**

DATE

**9/10/99**

TYPE OR PRINT NAME

**Sharon Ward**

TELEPHONE NO

**(281) 469-9664**

(This space for State Use)

APPROVED BY

**ORIGINAL SIGNED BY CHRIS WILLIAMS  
DISTRICT I SUPERVISOR**

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

